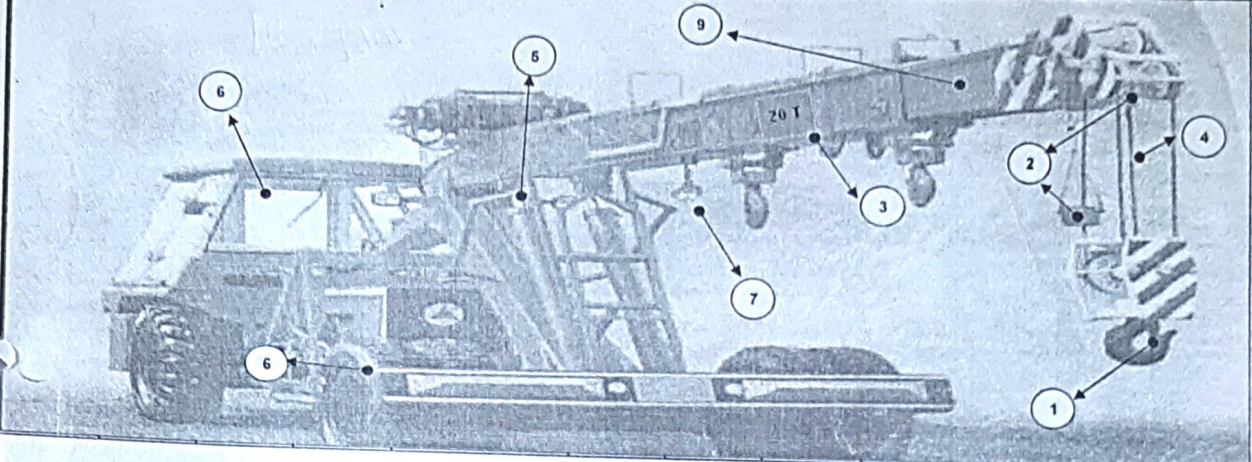




CHECK LIST FOR MOBILE CRANE (HYDRA)

Project Name:



CHECK ITEMS (To be checked daily))

Sl.No	Check items	Date						
		23/7/22						
1	Safety latch in hook.		✓					
2	Hoist limit switch (Or presence of plate).		✓					
3	SWL marked in crane.		✓					
4	Wire rope and slings free from tolerable damage(No kinks, broken wires more than 10% is N.G).		✓					
5	No oil leak in hydraulic parts (piston drums).		✓					
6	No Damage in Tire (Crack, cut, air pressure etc).		✓					
	Head and tail lamps (for night working).		✓					
8	Front and reverse horn.		✓					
9	Boom structure condition while full expansion (damage, crack and jamming while extending).		✓					
10	Fire extinguisher in operator cabin.		NA					
11	Operator license (heavy duty).		✓					
Chkd by APS Supervisor								
Chkd by APS Safety Person			✓					

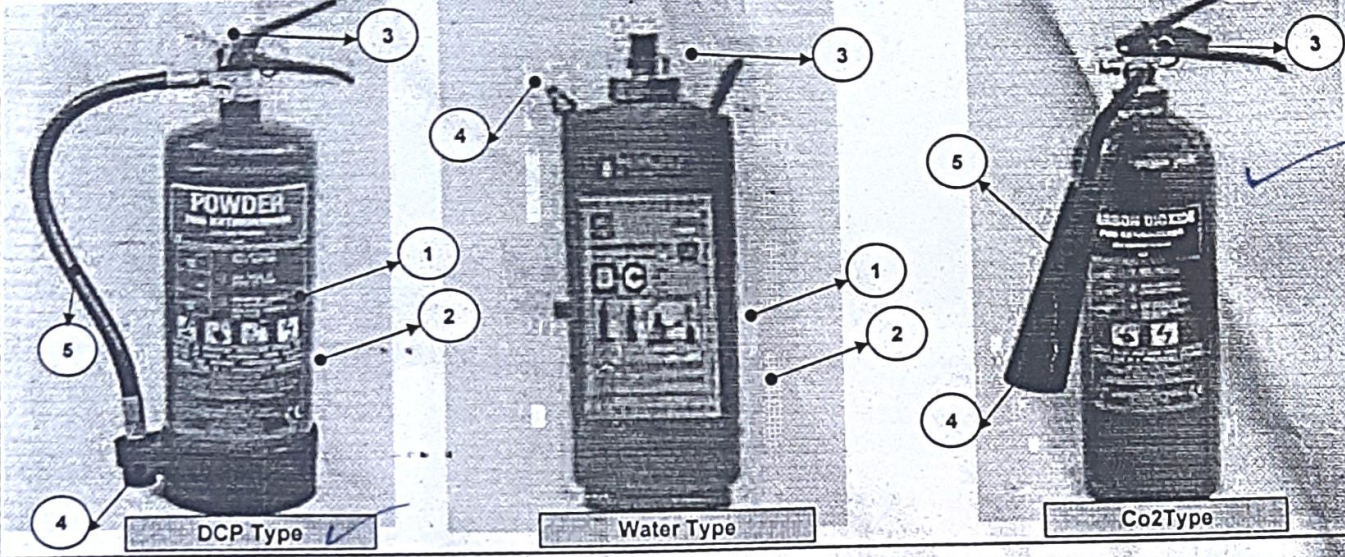
Remark: Fire Extinguisher is not Available in Driver Cabin

Handwritten signature and date: 23/7/22



Check Sheet For Fire Extinguisher

Name of Client:- ACS capsule
 Site Name and Location:- Utility
 Name of Contractor:- BMCPL
 Equipment serial no.:- 09 CO₂
 Mfg./ Model:- date: - 22/7/2022



CHECK ITEMS (to be checked daily)

SL NO	DESCRIPTION	Day	D1	D2	D3	D4	D5	D6	D7
			MON	TUE	WED	THU	FRI	SAT	SUN
Date: <u>12/7/22</u>									
1	Condition of the extinguisher (Clean and Tidy)		✓				✓		
2	Physical appearance for corrosion.						✓		
3	Safety pin In position						✓		
4	Condition of discharge nozzle (any blockage/damage)						✓		
5	Condition of hose (any leakage/broken)						✓		1
6	Weight of the extinguisher (Should be match with actual weight written in the body)						✓		
7	Availability of visual board.								
8	All the indicator gages (where fitted) in green segment (not to be red)						NA		
9	Extinguisher Is not expired or refilled before refilled date						✓		

Checked by site supervisor

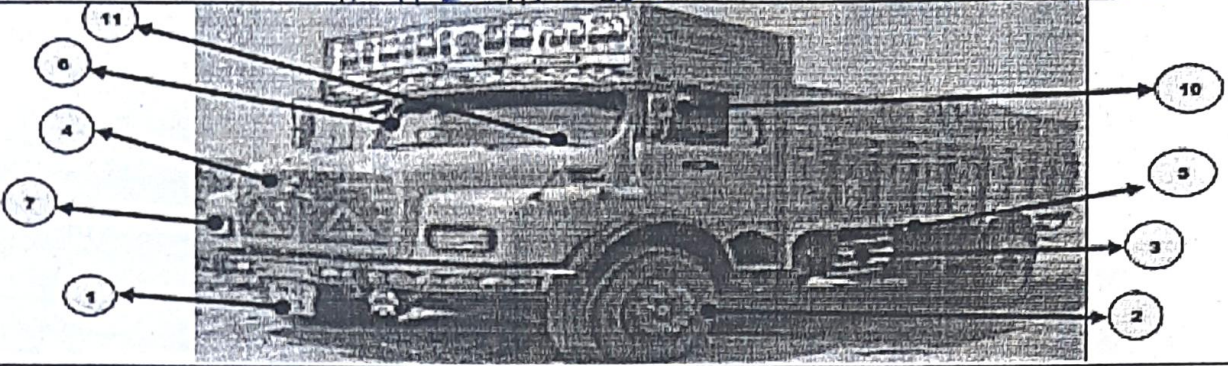
Checked by contractor safety representative Ant Inamdae S.O.

Checked by client safety representative



CHECK LIST(PRE ENTRY) FOR TIPPER

Name of Client:- **ACG capsule**
 Site Name and Location:- **BMCPCL**
 Name of Contractor:- **Anand Infra.**
 Vehicle no.:- **MH-20-AT-3500** Date:- **01/08/2022**



DATE:-

SL NO	CHECK ITEM	PHOTOS	Y/N	SL NO	CHECK ITEMS	PHOTOS	Y/N
1	Number plate in front and back side		✓	2	No Damage in Tire (Crack, cut, air pressure etc).		NO
3	No air leak in the air tank.		NO	4	Front and reverse horn.		✓
5	No oil leak from the diesel tank.		NO	6	Fire extinguisher in driver cabin.		NO
7	Head and tail lamps (for night working).		✓	8	Breck, Clutch and accelator are in working condition		✓
			✓	9	Truck is Not overloaded		NO
10	Rear view mirror		✓	11	Wind shield with wiper		✓
11	DOCUMENTS			11	DOCUMENTS		
12.A	Vehicle valid insurance	✓		12.B	Operator license (heavy duty).		✓
				12.C	Road tax		✓

Checked by contractor safety representative	NAME	SIGNATURE	DATE
	Inamdar S.D.		01/08/2022
Checked by client safety representative	NAME	SIGNATURE	DATE

Note:- Attach all Legal Document along with checklist (Example: Insurance copy, Valid driving license, PUC, etc.)

Project Name: ACG capsule

Contractor: Satish Powers

Date: 22/7/2022

Welding Machine Inspection Checklist

Check points	Y/N	NA	Remark
1 Is earthing proper & checked by trained electrician ?	✓		
2 Is condition of welding cable o.k ?	✓		
3 Is condition of power switch o.k ?	✓		
4 Is condition of cable holder o.k ?	✓		
5 Is cable connector is used for joining cables ?	No		
6 Is condition of lugs o.k ?	✓		
7 Is condition of earthing cable o.k ?	✓		
8 Is electric connection in junction box o.k?	✓		
9 Is fire extinguisher prvided near by ?	✓		CO2
10 Is hot work permit taken ?			
11 Is ELCB installed & in working condition ?	✓		
12 Are cables of welding & other equipments routed properly as to allow safe traffic by all concerned ?	✓		
13 Are appropriate PPE'S used ?	✓		

	Name	Signature
Inspected by <u>SRE</u> EHS		
Contractor EHS	<u>Inamdar S.D.</u>	<u>[Signature]</u>
Electrician/Welder	<u>Santosh charan</u>	<u>[Signature]</u>



B.M. Controtech Pvt Ltd.

POWER TOOLS INSPECTION CHECKLIST

Project Name : ACG

DEI/MIC

Name of Site : Ach capsule

SR-NO.

Inspected By : Suresh Ajeet Gulim Inamdar

VO 101332

Date : 04/08/2022

Sl. No.	Points	Observation	Measures
1. General Requirements.- Power tools			
a)	Evidence of Periodical Check conducted by an internal examiner	OK	
b)	Machine guards in proper Condition	OK	
c)	Tools secured at Height Work	N/A	
d)	Electrical cable condition	OK	
e)	Electrical Cable Storage and Housekeeping	OK	
f)	Mandatory PPEs Used	OK	
g)	Insulating Platforms/Rubber mats in Dry Condition	OK	
h)	Power rooted through the ELCB/RCCB	OK	
i)	Utilization of non-conductive handle.	OK	
j)	Double Insulation	OK	
k)	Check for any joints in the power tools.	NO.	
l)	Ensure double earthing if applicable	OK	
m)	Check the condition of the plug point.	OK	
n)	Check Overall condition of the machine	OK	

Signature of Safety Dept.

Inamdar S.

Signature of Site Engineer:

CONCRETE BOOM INSPECTION

Driver's / Operator Name: <u>Arvind Kumar</u>	Vehicle Number: <u>MH-20-EE-6916</u>
Model:	Date: <u>03/08/2022</u>

Item No.	Item To Check	Ye	No	REMARKS
		s		
01	Engine Oil, Coolant Level	✓		
02	Oil, fuel and coolant leaks	✓		
03	Fan Blades and Belts	✓		
04	Turn Signal Light	✓		
05	Stop Light	✓		
06	Hazard/emergency light	✓	No	
07	Tail light, Clearance light	✓		
08	Wheel Brake	✓		
09	Hand brake	✓		
10	Steering	✓		
11	Horn	✓		
12	Head light (high and low beam)	✓		
13	Wind shield wiper and washer	✓		
14	Tire condition and pressure	✓		
15	Side mirrors	✓		
16	Reversing alarm /Back-up light.	✓		
17	Battery terminals and securing	✓		
18	Fire extinguisher, Triangle, Jack and tire wrench	✓		
19	Spare tire	✓		
20	Seat belt (for driver)	✓		
21	Telescopic boom control for operation	✓		
22	Hydraulic level	✓		
23	Check for leaks on hydraulic lines (hoses and cylinders)	✓		
24	Out rigger and jacks for proper operation	✓		
25	Outtrigger matting (timber pad)	✓		

Note: OK – satisfactory / good X – not OK /defective N/A – Not applicable

Incandute S.D.
Inspected By:

Arvind Kumar

Reviewed By:

ROAD VIBRATORY ROLLER INSPECTION CHECKLIST

Client Name: ACG	Vehicle Number: MH-20-EY-5891
Contractor Name : BMCPL	Model : SD110YA

Item No.	Item To Check	DATE OF INSPECTION						REMARKS
		01	02	03	04	05	06	
		01/08/2022						
01	Fuel and oil leakage	NO						
02	Engine oil and coolant level	OK						
03	Belts tension and condition	OK						
04	Air impeller, enclosure and belt (for air cooled engine)	OK						
05	Radiator and fan blade condition	OK						
06	Steering cylinders and linkages	OK						
07	Roller frame condition	OK						
08	Shock absorbing supports and mounting	OK						
09	Horn, head lights and blinker	OK						
10	Battery terminals and cables	OK						
11	Control lever (reverse, forward, neutral position)	OK						
12	Engine control lever for proper adjustment	OK						
13	Hydraulic lines for leakage	OK						
14	Hydraulic fluid level	OK						
15	Engine monitoring instruments (temperature/pressure Gauge)	OK						
16	Charging and starting system operation	OK						
17	Fuel tank mounting supports/ Fuel Tank, Mounting supports	OK						
18	Exhaust manifold and muffler	OK						
19	Drums general condition	OK						
20	Fire extinguisher	OK						
21	Seat belt	OK						
22	Amber Flashing Beacon	NA						

Inspected By: *Adh*
18/22
Tramde S.O.

Reviewed By: _____

Boadi
02/08/22

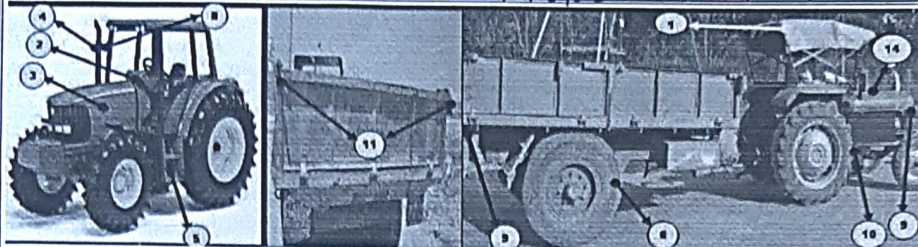


B.M.Constrotech Pvt.Ltd

Project : ACG Universal Capsule

Tractor

Contractor:	BMCPPL	Vehicle No:	MH-20-CR-0183
Operator Name & Licence no	RAMSHINDE MH-20 20070160787	Date:	01/08/2022



S No.	Description	Yes	No	Remarks
1	Protection (canopies, screens) is provided to shield operator from falling objects.	✓		
2	Effective, working horn and reverse alarm. Hydraulic system in working condition during unloading of materials	✓		
3	Moving parts, shafts, sprockets, belts, etc. are guarded.	✓		
4	Protection against contact with hot surfaces, exhaust, etc. is provided.	✓		
5	Safe means of access (steps, grab bars, non-slip surfaces) to the cab is provided	✓		
6	Damage in tyre (Crack, cut, & air has been checked & tyre pressure is ok.	✓		
7	Leakage of oil from the vehicle parts and vehicle oil tank has been checked & ok.	✓		
8	Vehicle rear view mirror is available & condition is ok	✓		
9	Head light, Tail lamp are fitted & in working condition (for night work)	✓		
10	Brake, accelerator, clutch are in good & in working condition	✓		
11	Lock of the back door (trailer) in good & in working condition		No	
12	Inter locking system between the tractor and the trailer ok & in working condition..	✓		
13	Visualization of Check sheet and Operator details with photo in the vehicle itself.	✓		
14	Vehicle having valid insurance paper, Operator having license & other necessary documents	✓		

Remarks

	Contractor's Representative		Client's Representative
Signature:			
Name:	Inamdar S.D		
Date:	01/08/2022		

Aradh
02/08/22

B.M.CONSTROTECH PVT.LTD.

Waluj, Aurangabad

Project Name:

ACG Capsule

Contractor:

BMCPL

Date: 01/08/2022

Front End Loader Checklist

Vehicle No: MH:20EJ-8265

Sr.No	Check Items	O.K	Not O.K	Remark
1	Front Wheel Tire	Left		
		Right	OK	
2	Rear wheel Tire	Left		
		Right	OK	
3	Head light	Left		
		Right	OK	
4	Steering Gear	OK		
5	Horn	OK		
6	Brake	OK		
7	Hand Brake	OK		
8	Seat Belt	OK		
9	Door	OK		
10	Hydraulic Cylinder Hose	OK		
11	Hydraulic oil & Thickness	OK		
12	Engine Lubricant Fuel	OK		
13	Reverse Signal	OK	NO	Not working conductor
14	Reverse signal	OK		
15	Exhaust	OK		
16	Ladder rail guard			
		Name		Signature
Project Manager/Site Engineer				
B.M.EHS		Inamdar S.D.		
Contractor Representative				
JCB Operator		Shamshudin		
Truck No				



CHECKLIST

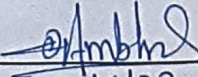
MOBILE TOWER CRANE

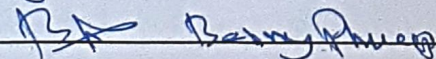
Name of Project: - ACG, Shendres Akharyabad.

Location: - Utility Building. Identification No. :- M Date: - 22/7/22

Sr.No.	Particular	Ok	Not Ok	NA	Remarks
1	Tower crane should be physically in good condition free from defects	OK			
2	Foundation should be provided as per design	OK			
3	Safe working load should be marked	OK			
4	Counter weight should be properly fixed.	OK			
5	Trolley condition should be good	OK			
6	Limit switch should be provided and its working condition	OK			
7	Sling, ropes should be free from defects	OK			
8	D-shackle should be good condition	OK			
9	Safety latch should be in hook	OK			
10	Power cable should be free from damages and connection taken through industrial plug	OK			
11	Operator have suitable license/experience certificate	OK			
12	Tower crane should be physically good & should have valid TPI	OK			

Overall Remarks, if any: - daily crane regarding worker's & operators should be conduct training / TBT. & without permission, work do not start.

Name & Sign of Safety Officer: Digambar G. Ambhore 

Name & Sign of Project Manager: B. B. Bhat 



Safety belt Inspection Checklist

Date of Inspection: 23/7/22

Harness Number: TO

Project Name: AL4- CAPSURE

Check Points	Is 2 years old belt is in use?		Is full body harness stitches are intact		Is lanyard rope of full body harness is intact?		Is anchoring hook is provided with self		Is harness provided with shock absorber device and it		Is belt undergone any shock loading?		Is harness number is legible?		Is harness and lanyard free of contamination e.g Oil,		Are metal parts are free of corrosion etc?		SR. NO.	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No		
23/7/22	ND	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	87-21	-1806
-11-	ND	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	87-21	1784
-11-	ND	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	87-21	1880
-11-	ND	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	87-21	1888
-11-	ND	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	87-21	1884
-11-	ND	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	87-21	1779
-11-	ND	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	87-21	874
-11-	ND	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	87-21	9153
-11-	ND	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	87-21	186
-11-	ND	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	87-21	7094
-11-	ND	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	87-21	6659
-11-	ND	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	87-21	361
-11-	ND	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	87-21	329
-11-	ND	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	87-21	097
-11-	ND	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	87-21	082
-11-	ND	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	87-21	029
-11-	ND	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	87-21	6896
-11-	ND	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	87-21	121
23/7/22	ND	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	87-21	9738

Name of Safety Officer

Name of Site in Charge

A. S. S. S. S.
23/7/22